

**TEXAS HIV MEDICATION PROGRAM
PARTICIPATING PHARMACY GUIDELINES**

- 1) Each pharmacy approved by the Texas Department of Health (TDH) Texas HIV Medication Program (Program) will be assigned a unique Pharmacy ID number. Once approved, the pharmacy is considered to be a participating pharmacy (pharmacy).
- 2) Each client approved to receive medication from the Program will receive a letter containing a unique client code number, the name and address of his/her assigned pharmacy, and instructions for receiving medication. A copy of the letter is also sent to the pharmacy to which the client has been assigned.

Procedures for Ordering and Receiving Medications

- 1) An approved Program client will receive a prescription from his/her physician each month for each approved medication and take it to the pharmacy to which he/she was assigned. Or, subject to the constraints of any relevant and prevailing laws, the prescription order may be phoned or faxed in by the physician to the pharmacy. Program clients are not required to show their Program approval letters when submitting prescriptions. If a pharmacy needs another copy of a client letter for its files, one should be requested from the Program.
- 2) Upon receipt of the prescription, the pharmacist may remind the client that it will take approximately 3-5 working days for the pharmacy to receive the medication from the Program. The client should receive confirmation from the pharmacy that the medication has arrived before returning to pick it up.
- 3) Eligible Medicaid recipients who are also Program clients must first utilize their Medicaid pharmacy benefits each month in order to be eligible to receive medications from the Program during that month. The Program is responsible for verifying eligibility. The pharmacy has the option of charging non-Medicaid patients \$5.00 for each prescription filled; no prescription fee will be charged for Medicaid recipients.
- 4) The pharmacy will order the medication from the Program using the client's assigned code number (example: D09302H) and dispense to the client upon receipt from the Program. To place an order, the pharmacy should call 1-800-255-1090. Orders may also be faxed to (512) 490-2548. The Pharmacy Coordinator is available for consultation Monday-Friday, 8:00 a.m.-5:00 p.m. CST.
- 5) When calling or faxing in an order, the pharmacy should provide the following information:
 - a. Pharmacy ID Number;
 - b. Client Code Number;
 - c. Name, strength, and quantity of the medication(s);
 - d. Days supply if quantity < 30 days supply;
 - e. Name of pharmacy representative placing the order.
- 6) When the order is received by the pharmacy, it should include a packing slip stating: a) Pharmacy ID Number; b) Client Code Number; c) Name, Strength, and Quantity of enclosed medications; and d) The date ordered by TDH. If there is a discrepancy between what is indicated on the packing slip and what is received by the pharmacy, the pharmacy should call the Program at 1-800-255-1090 as soon as possible.

Medication Guidelines

- 1) TDH will not replace any medication that is lost, stolen, or damaged unless adequate documentation of the circumstances is provided.
- 2) TDH will provide medication ordered for an approved client by a participating pharmacy in accordance with the terms of the contract.
- 3) The following medications should be dispensed by the pharmacy unopened, without re-packaging, in full-bottle increments, not to exceed the quantities stated below.

PRIORITY 1 MEDICATION STRENGTHS AND MAXIMUM QUANTITIES

- (A) A maximum of 400 capsules of 100 mg zidovudine (AZT, Retrovir) - #100/btl, or
A maximum of 60 tablets of 300 mg zidovudine (AZT, Retrovir) - #60/btl;
* Zidovudine suspension is available in 10 mg/ml, 240 ml (8 oz) bottles, 8 btl maximum.
* IV zidovudine is available in 10 mg/ml, 2 ml vials, 20 vials maximum.
- (B) A maximum of 120 chewable tablets of didanosine (DDI, Videx) - #60/btl, or
A maximum of 60 chewable tablets of 200 mg didanosine (DDI, Videx) - #60/btl, or
A maximum of 30 enteric coated capsules of didanosine EC (DDI, Videx EC) - #30/btl;

* Strengths available are 25 mg, 50 mg, 100 mg, 150 mg or 200 mg chewable tablets; 125 mg, 200 mg, 250 mg or 400 mg enteric coated capsules; or 2 gm or 4 gm pediatric powder (4 bottles maximum for pediatric use).
- (C) A maximum of 100 tablets of zalcitabine (DDC, Hivid) - #100/btl;
* Strengths available are 0.375 mg or 0.750 mg tablets.
- (D) A maximum of 60 capsules of stavudine (D4T, Zerit) - #60/btl;
* Strengths available are 15 mg, 20 mg, 30 mg or 40 mg capsules.
* Stavudine suspension is available in 1 mg/ml, 200 ml (6.67 oz) bottles, 12 btl maximum.
- (E) A maximum of 60 capsules of 150 mg lamivudine (3TC, Epivir) - #60/btl, or
A maximum of 30 tablets of 300 mg lamivudine (3TC, Epivir) - #30/btl;
* Lamivudine suspension must be provided in 10 mg/ml, 240 ml (8oz) bottles, 4 btl maximum.
- (F) A maximum of 60 tablets of Combivir (AZT 300 mg/3TC 150 mg) - #60/btl;
- (G) A maximum of 60 tablets of 300 mg abacavir sulfate (Ziagen) - #60/btl;
* Abacavir suspension is available in 20 mg/ml, 240ml, (8 oz) bottles, 4 btl maximum.
- (H) A maximum of 60 tablets of Trizivir (AZT 300 mg/ 3TC 150 mg/ Ziagen 300 mg) - #60/btl;
- (I) A maximum of 30 capsules of 200 mg emtricitabine (Emtriva) - #30/btl;
- (J) A maximum of 30 tablets of Truvada (Viread 300 mg/Emtriva 200 mg) - #30/btl;
- (K) A maximum of 30 tablets of Epzicom (Epivir 300 mg/Ziagen 600 mg) - #30/btl;

PRIORITY 1 MEDICATION STRENGTHS AND MAXIMUM QUANTITIES (continued)

- (L) A maximum of 540 capsules of 200 mg saquinavir softgel (Fortovase softgel) - #180/btl;
- (M) A maximum of 270 tablets of 200 mg invirase (Saquinavir) - #270/btl;
- (N) A maximum of 360 gelcaps of 100 mg ritonavir (Norvir) - #120/btl;
* Ritonavir suspension must be provided in 80 mg/ml, 240 ml (8oz) bottles, 2 btl's maximum.
- (O) A maximum of 360 capsules of 200 mg indinavir (Crixivan) - #360/btl, or
A maximum of 270 capsules of 333 mg indinavir (Crixivan) - #135/btl, or
A maximum of 180 capsules of 400 mg indinavir (Crixivan) - #180/btl;
- (P) A maximum of 300 tablets of 250 mg nelfinavir mesylate (Viracept) - #300/btl, or
A maximum of 120 tablets of 625 mg nelfinavir mesylate (Viracept) - #120/btl;
* Nelfinavir oral powder is available in 50 mg/gm, 144 gm bottle for pediatric use, 12 btl's maximum.
- (Q) A maximum of 480 capsules of 150 mg amprenavir (Agenerase) - #240/btl, or
A maximum of 720 capsules of 150 mg Agenerase **if used with Sustiva** - #240/btl, or
A maximum of 960 capsules of 50 mg amprenavir (Agenerase) - #480/btl;
* Amprenavir suspension is available in 15 mg/ml, 240 ml (8 oz) bottles for pediatric use, 10 bottles maximum for pediatric; 24 bottles maximum for adult.
- (R) A maximum of 180 gelcaps of 133.3 mg/33.3 mg lopinavir/ritonavir (Kaletra) - #180/btl;
* Kaletra suspension is available in 400mg/100mg/5ml, 160 ml bottles for pediatric use, 2 bottles max.
- (S) A maximum of 60 capsules of atazanavir (Reyataz) - #60/btl;
* Strengths available are 100 mg, 150 mg, or 200 mg capsules.
- (T) A maximum of 60 tablets of 700 mg fosamprenavir (Lexiva) #60/btl, when taken in the recommended boosted dose (one bottle per month, taken with low-dose ritonavir as an additional antiretroviral). Consultation with the THMP Physician is required for unboosted doses (two bottles per month, 120 tablets, taken without low-dose ritonavir).
- (U) A maximum of 60 tablets of 200 mg nevirapine (Viramune) - #60/btl, or
* Viramune suspension is available in 50 mg/ml, 240 ml (8 oz) bottles, 4 bottles maximum.
- (V) A maximum of 180 capsules of 200 mg delavirdine (Rescriptor) - #180/btl;
- (W) A maximum of 30 tablets of 600 mg efavirenz (Sustiva) - #30/btl, or
A maximum of 90 capsules of 200 mg efavirenz (Sustiva) - #90/btl, or
A maximum of 90 capsules of 100 mg efavirenz (Sustiva) - #30/btl, or
A maximum of 90 capsules of 50 mg efavirenz (Sustiva) - #30/btl;
- (X) A maximum of 30 tablets of 300 mg tenofovir (Viread) - #30/btl;
- (Y) A maximum of 1 injection kit of 90 mg enfuvirtide (Fuzeon) - #60 vials/kit;

PRIORITY 1 MEDICATION STRENGTHS AND MAXIMUM QUANTITIES (continued)

- (Z) A maximum of 1 vial of 300 mg aerosolized pentamidine (Nebupent) - #1 vial, or
A maximum of 10 vials of 300 mg IV pentamidine (Nebupent);
- (AA) A maximum of 200 tablets of 800 mg/160 mg SMZ-TMP DS - #100/btl;
* SMZ-TMP suspension is available in 200 mg/40 mg/5 ml, 473 ml (1 pint) bottle, 2 bottles maximum.
- (BB) A maximum of 100 tablets of dapsone - #100/btl;
* Strengths available are 25 mg or 100 mg tablets.
* TDH provides either pentamidine, SMZ-TMP, or dapsone each month.
- (CC) A maximum of 100 tablets of 200 mg trimethoprim - #100/btl;

PRIORITY 2 MEDICATION STRENGTHS AND MAXIMUM QUANTITIES

- (DD) A maximum of 200 capsules/tablets of acyclovir - #100/btl;
* Strengths available are 200 mg capsules, 400 mg or 800 mg tablets.
- (EE) A maximum of 60 tablets of fluconazole (Diflucan) - #30/btl;
* Strengths available are 50 mg, 100 mg or 200 mg.
- (FF) A maximum of 120 capsules of 100 mg itraconazole (Sporanox) - #30/btl;
* Itraconazole suspension is available in 10 mg/ml, 150 ml (5 oz) bottles, 2 btl's maximum.
- (GG) A maximum of 60 tablets of 500 mg clarithromycin (Biaxin) - #60/btl;
- (HH) A maximum of 60 tablets of 250 mg azithromycin (Zithromax) - #30/btl, or
A maximum of 30 tablets of 600 mg azithromycin (Zithromax) - #30/btl;
* TDH provides either clarithromycin or azithromycin each month.
- (II) A maximum of 100 tablets of 400 mg ethambutol (Myambutol) - #100/btl
- (JJ) A maximum of 100 capsules of 150 mg rifabutin (Mycobutin) per seven-week period - #100/btl;
- (KK) A maximum of 360 capsules of 250 mg ganciclovir (Cytovene) - #180/btl, or
A maximum of 180 capsules of 500mg ganciclovir (Cytovene) - #180/btl, or
A maximum of 50 vials of 500 mg IV ganciclovir (IV Cytovene);
- (LL) A maximum of 120 tablets of 450 mg valganciclovir (Valcyte) during the first month of treatment,
with a maximum of 60 tablets each month thereafter - #60/btl;
* TDH provides either ganciclovir or valganciclovir each month.

PRIORITY 3 MEDICATION STRENGTHS AND MAXIMUM QUANTITIES

- (MM) A maximum of 3 bottles of 40 mg/ml megestrol acetate suspension (Megace) - 240ml btl;

PRIORITY 3 MEDICATION STRENGTHS AND MAXIMUM QUANTITIES (continued)

- (NN) A maximum of 2 bottles of 750 mg/5 ml atovaquone suspension (Mepron) per 21-day treatment therapy following **each** diagnosis of PCP - 210 ml btl;
- (OO) A maximum of 50 vials of 18 mu interferon-alpha;
- (PP) A maximum of 50 vials of 50 mg amphotericin-B;
- (QQ) A maximum of 4 vials of IVIG for pediatric usage;
 * Strengths available are 2.5 gm and 5 gm vial vials.

Due to numerous issues concerning product availability, please contact the Program directly should you wish to apply for and obtain the following medications: interferon-alpha, amphotericin-B, or IVIG.

***** PLEASE NOTE: ALL MEDICATIONS MUST BE DISPENSED IN FULL BOTTLE AMOUNTS. *****

- 5.) Please remember that the Texas HIV Medication Program is a provider program, not a reimbursement program. If participating pharmacies dispense medications from their inventories to Program clients and then use medications from the Program to replenish those inventories, the Program is not responsible for providing to participating pharmacies medications dispensed to a client not approved to receive those medications from the Program. Replacement requests for medications dispensed must be received within 30 days of dispense date.
- 6.) The Program reserves the right to limit the number of clients assigned to a particular pharmacy at any given time. Pharmacies may also contact the Program at any time to tell us if they feel they have reached a capacity level for the clients that they can handle so that a hold may be instituted on that location's roster.